

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		25389.18
(b) Cash on Hand at Beginning of Reporting Period .....	68177.77	
(c) Total Receipts (from Line 19) .....	40237.40	132536.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108415.17	157925.58
7. Total Disbursements (from Line 31) .....	54922.08	104432.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53493.09	53493.09
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	31700.00	111430.00
(i) Itemized (use Schedule A) .....	7392.00	19961.00
(ii) Unitemized .....	39092.00	131391.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	39092.00	131391.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1145.40	1145.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	40237.40	132536.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40237.40	132536.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	54922.08	104432.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	54922.08	104432.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54922.08	104432.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54922.08	104432.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39092.00	131391.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39092.00	131391.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54922.08	104432.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1145.40	1145.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	53776.68	103287.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Linda Allen

Mailing Address 103 Central St.

City

Byfield

State

MA

Zip Code

01922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security Team

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 90317.C172720

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charles Baker

Mailing Address 49 Monument Ave

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harvard Pilgrim Health Ca-  
re

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90213.C172520

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Henry Ciborowski

Mailing Address 16 Beechmont Street

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ciborowski Insurance Agen-  
cy

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 90317.C172665

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Gannett

Mailing Address 144 Freedom St.

City

Hopedale

State

MA

Zip Code

01747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 9

Transaction ID: 90317.C172654

Amount of Each Receipt this Period

1100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charles Gibson

Mailing Address 61 Old Colony Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deland.gibson Ins.

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 90317.C172675

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Alice Hardigg

Mailing Address 36 Baptist Hill Rd.

City

Conway

State

MA

Zip Code

01341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardigg Industries, Inc.

Occupation  
Publications Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: 90317.C172717

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Miles Herter

Mailing Address 12 Boardman Ave.

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90213.C172527

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Amory Houghton, Jr.

Mailing Address 80 East Market Street  
Suite 300

City

Corning

State

NY

Zip Code

14830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90213.C172598

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Amy Kelly

Mailing Address 157 Rice Road

City

Quincy

State

MA

Zip Code

02170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 90317.C172950

Amount of Each Receipt this Period

550.00

In-Kind

In kind donation of photo-  
graphy services - party-r-  
elated

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Caleb Loring

Mailing Address 567 Hale Street  
Box 235City State Zip Code  
Prides Crossing MA 01965FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 90317.C172719

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Albert Merck

Mailing Address 1010 Waltham St  
F-19City State Zip Code  
Lexington MA 02421-8048FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90317.C172724

Amount of Each Receipt this Period

15000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lovett Peters

Mailing Address 81 Old Orchard Rd.

City State Zip Code  
Newton MA 02467FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer InstituteOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90213.C172597

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

17500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur Ryan

Mailing Address 119 Mt. Pleasant Ave.

City

Gloucester

State

MA

Zip Code

01930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: 90317.C172721

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Lee Sprague

Mailing Address 89 Mount Vernon St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate Mngr/Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90213.C172600

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Campbell Steward

Mailing Address 65 Asbury St.

City

Topsfield

State

MA

Zip Code

01983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90213.C172599

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Stratton

Mailing Address 166 Ide Road

City

Williamstown

State

MA

Zip Code

01267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DFC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90317.C172727

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Barbara A. Syer

Mailing Address P.O. Box 608  
Great Barrington

City

Great Barrington

State

MA

Zip Code

01230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90213.C172528

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Wulff

Mailing Address 27 Gray St

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90213.C172526

Amount of Each Receipt this Period

350.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90317.C172722

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

31700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristine Willington

Mailing Address 12 Arlington Street

City

Reading

State

MA

Zip Code

01867-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

At Home (Housewife)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.40

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: 90317.C172718

Amount of Each Receipt this Period

1145.40

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

1145.40

**TOTAL** This Period (last page this line number only) .....

1145.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Scr &amp; Associates, LLC

Mailing Address 4 Leblanc Dr

City  
DanversState  
MAZip Code  
01923-Purpose of Disbursement  
Fundraising Consultant fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90317.E11050

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

FUNDRAISING CONSULTANT FEE

B.

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center  
401 Park DriveCity  
BostonState  
MAZip Code  
02215-Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90317.E11049

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Amount of Each Disbursement this Period

3163.44

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)

Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City  
BostonState  
MAZip Code  
02127-Purpose of Disbursement  
Storage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11023

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 9

Amount of Each Disbursement this Period

369.00

STORAGE

SUBTOTAL of Disbursements This Page (optional) .....

8532.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Keswick Consulting	<b>Transaction ID:</b> 90320.E11078 <b>Date of Disbursement</b>																				
Mailing Address 231 Victory Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	9													
City Quincy State MA Zip Code 02171-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Consulting Fee	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
POLITICAL CONSULTING FEE																					
<b>B.</b> Full Name (Last, First, Middle Initial) Copy Cop	<b>Transaction ID:</b> 90317.E11060 <b>Date of Disbursement</b>																				
Mailing Address 12 Channel St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	9													
City Boston State MA Zip Code 02210-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Letterhead	<table border="1"> <tr> <td colspan="10">912.40</td> </tr> </table>	912.40																			
912.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
LETTERHEAD																					
<b>C.</b> Full Name (Last, First, Middle Initial) Dell Dell Computer	<b>Transaction ID:</b> 90320.E11068 <b>Date of Disbursement</b>																				
Mailing Address PO Box 9020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	0		2	0	9													
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Computer Equipment	<table border="1"> <tr> <td colspan="10">1045.00</td> </tr> </table>	1045.00																			
1045.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
COMPUTER EQUIPMENT																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4957.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.72

EXPRESS MAIL

B.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90320.E11077

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.73

EXPRESS MAIL

C.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty Square

City  
Boston

State  
MA

Zip Code  
02109-

Purpose of Disbursement  
Dental Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

499.75

DENTAL INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

577.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City  
Wakefield

State  
MA

Zip Code  
01880-

Purpose of Disbursement  
Administrative Assistance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90317.E11043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

ADMINISTRATIVE ASSISTANCE

**B.**

Full Name (Last, First, Middle Initial)

Boxborough Holiday Inn

Mailing Address 242 Adams Place

City  
Boxborough

State  
MA

Zip Code  
01719-

Purpose of Disbursement  
Room Rental Fee for State Committee Meeting Party Related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90213.E11001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

ROOM RENTAL FEE FOR STATE  
COMMITTEE MEETING PARTY  
RELATED

**C.**

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90317.E11041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

REIMBURSEMENT FOR TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

**2322.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11033

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

3998.67

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11056

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1298.70

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90320.E11084

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

59.00

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

5356.37

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City  
Lynn

State  
MA

Zip Code  
01902-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90317.E11057

Date of Disbursement

/   /

Amount of Each Disbursement this Period

334.05

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement for travel and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90317.E11045

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

REIMBURSEMENT FOR TRAVEL  
AND PARKING

**C.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90317.E11044

Date of Disbursement

/   /

Amount of Each Disbursement this Period

123.48

REIMBURSEMENT FOR TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

607.53

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
BelmontState  
MAZip Code  
02478-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90317.E11034

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	9

Amount of Each Disbursement this Period

1288.42

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
BelmontState  
MAZip Code  
02478-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90317.E11058

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	9

Amount of Each Disbursement this Period

1288.42

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
BelmontState  
MAZip Code  
02478-Purpose of Disbursement  
Reimbursement for phone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E11067

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

Amount of Each Disbursement this Period

124.60

REIMBURSEMENT FOR PHONE

SUBTOTAL of Disbursements This Page (optional) .....

2701.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement travel food and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90320.E11074

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.44

REIMBURSEMENT TRAVEL FOOD  
AND PARKING

B.

Full Name (Last, First, Middle Initial)

Amy Kelly

Mailing Address 157 Rice Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
In kind donation of photography services - party-related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.C172950IK

Date of Disbursement

/   /

Amount of Each Disbursement this Period

550.00

IN KIND: IN KIND DONATION  
OF PHOTOGRAPHY SERVICES -  
PARTY-RELATED

C.

Full Name (Last, First, Middle Initial)

Communication, Inc. Majority

Mailing Address 274 Marconi Blvd. Suite 260

City  
Columbus

State  
OH

Zip Code  
43215-

Purpose of Disbursement  
FEA Voter Contact Mailing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11066

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

FEA VOTER CONTACT MAILING

SUBTOTAL of Disbursements This Page (optional) .....

1637.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11064

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

157.09

CREDIT CARD FEE

**B.**

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11065

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

25.00

CREDIT CARD FEE

**C.**

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement

Copier Equipment Lease

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11063

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

722.93

COPIER EQUIPMENT LEASE

**SUBTOTAL** of Disbursements This Page (optional) .....

905.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City  
Boston

State  
MA

Zip Code  
02129-

Purpose of Disbursement  
Reimbursement - see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 90320.E11071

Date of Disbursement

/   /

Amount of Each Disbursement this Period

378.00

REIMBURSEMENT - SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)

Constant Contact Inc

Mailing Address 1601 Trapelo Road, Suite 329

City  
Waltham

State  
MA

Zip Code  
02451-

Purpose of Disbursement  
J. Nassour reimbursement for email system sign up - party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 90320.E11075

Date of Disbursement

/   /

Amount of Each Disbursement this Period

378.00

**[MEMO ITEM]**

MEMO: J. NASSOUR REIMBURSEMENT FOR EMAIL SYSTEM SIGN UP - PARTY RELATED

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City  
Boston

State  
MA

Zip Code  
02129-

Purpose of Disbursement  
Reimbursement - see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 90320.E11072

Date of Disbursement

/   /

Amount of Each Disbursement this Period

924.03

REIMBURSEMENT - SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1302.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1001 16th Street NW

City  
Washington

State  
DC

Zip Code  
20036-

Purpose of Disbursement

J. Nassour reimbursement for lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 90320.E11073

Date of Disbursement

/   /

Amount of Each Disbursement this Period

924.03

**[MEMO ITEM]**

MEMO: J. NASSOUR REIMBURS-  
EMENT FOR LODGING

**B.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement

Rent and Utilities

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 90317.E11048

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4405.94

RENT AND UTILITIES

**C.**

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Tax

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 90317.E11037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4737.45

PAYROLL TAX

**SUBTOTAL** of Disbursements This Page (optional) .....

9143.39

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
Payroll 401k

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11036

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

1978.02

PAYROLL 401K

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
Payroll Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11046

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

230.21

PAYROLL FEE

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
401k Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90317.E11047

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

155.00

401K FEE

SUBTOTAL of Disbursements This Page (optional) .....

2363.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 90317.E11059 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	9												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">1454.93</td> </tr> </table>	1454.93																			
1454.93																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>PAYROLL TAX</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jodys Quik Print	<b>Transaction ID:</b> 90317.E11040 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1068	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	0	9												
City Middleton State MA Zip Code 01949-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Cards and Envelopes	<table border="1"> <tr> <td colspan="10">391.75</td> </tr> </table>	391.75																			
391.75																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>CARDS AND ENVELOPES</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Jodys Quik Print	<b>Transaction ID:</b> 90317.E11053 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1068	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	9												
City Middleton State MA Zip Code 01949-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Letterhead	<table border="1"> <tr> <td colspan="10">122.75</td> </tr> </table>	122.75																			
122.75																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>LETTERHEAD</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1969.43

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Boston Event Solutions	<b>Transaction ID:</b> 90320.E11076 <b>Date of Disbursement</b>																				
Mailing Address 250 Faneuil Hall Marketplace Quincy Market Building	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	9													
City Boston State MA Zip Code 02109-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event Catering- non-FEA event no federal candidate Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>EVENT CATERING- NON-FEA EVENT NO FEDERAL CANDIDATE</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples, Inc.	<b>Transaction ID:</b> 90320.E11081 <b>Date of Disbursement</b>																				
Mailing Address Staples Credit Plan Dept. 80 - 0088936796	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	9													
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">189.02</td> </tr> </table>	189.02																			
189.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>OFFICE SUPPLIES</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Omni Security Systems, Inc	<b>Transaction ID:</b> 90317.E11062 <b>Date of Disbursement</b>																				
Mailing Address Pearson Plaza, PO Box 879	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	9													
City Byfield State MA Zip Code 01922-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service on Security System Candidate Name	<table border="1"> <tr> <td colspan="10">1195.00</td> </tr> </table>	1195.00																			
1195.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>SERVICE ON SECURITY SYSTEM</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1634.02**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Omni Security Systems, Inc

Mailing Address Pearson Plaza, PO Box 879

City Byfield State MA Zip Code 01922-

Purpose of Disbursement  
Service on Security System

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E11080

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SERVICE ON SECURITY SYSTEM

B.

Full Name (Last, First, Middle Initial)

T-Mobile T-Mobile

Mailing Address PO Box 790047

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
Phone Service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90317.E11051

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Amount of Each Disbursement this Period

159.07

PHONE SERVICE

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90317.E11035

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 9

Amount of Each Disbursement this Period

1290.54

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

2449.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90317.E11052

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.40

PHONE SERVICE

**B.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90320.E11082

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.50

PHONE SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

600.90

**TOTAL** This Period (last page this line number only) .....

54502.38

Image# 29933378305

Form/Schedule: **F3XN**

Transaction ID:

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A  
NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY IS REQ  
SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking  
for employer-occupation if one was not provided in order to meet best efforts policy. \*\*\* Kristine Willingt-  
on - offset to operations -\$1145.40- was for COBRA health-insurance coverage reimbursement (paid to Blue Cross  
Blue Shield) on behalf of her husband, former employee, Robert Willington \*\*\*

\*\*\*\*\*